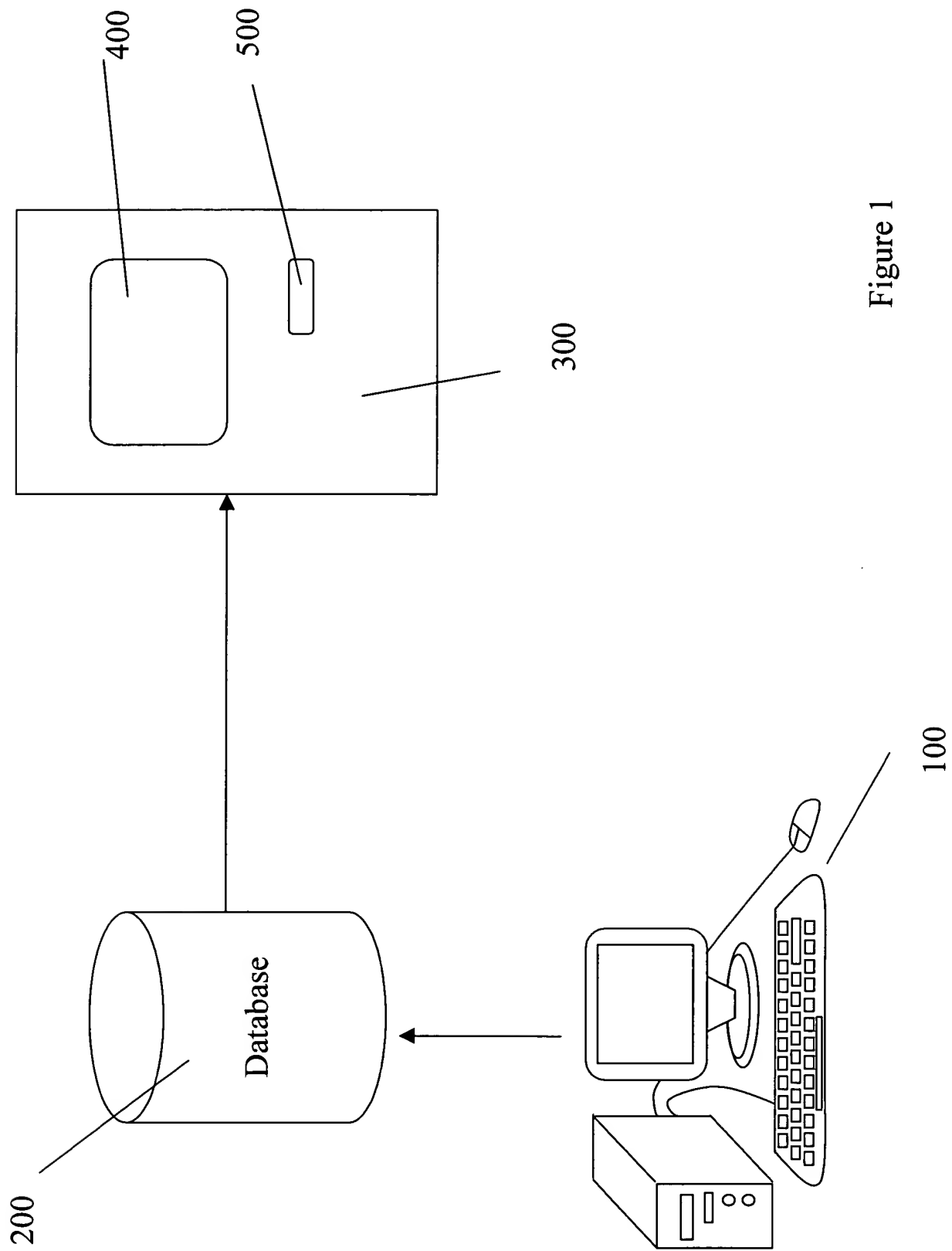


005121-5228260

09/738725



600

Graphic

Provider Name

Service Name

Date: YY/MM/DD

Time: HH:MM:SS

Qty1 Item Description

Price

Qty2 Item Description

Price

Subtotal:

Subtotal

Tax

Tax

S&H

S&H

Total:

Total

TermID:

RefNo:

CardNo:

Exp:

Approved - Thank You | Not Approved (####)

GST #####

Figure 2

700

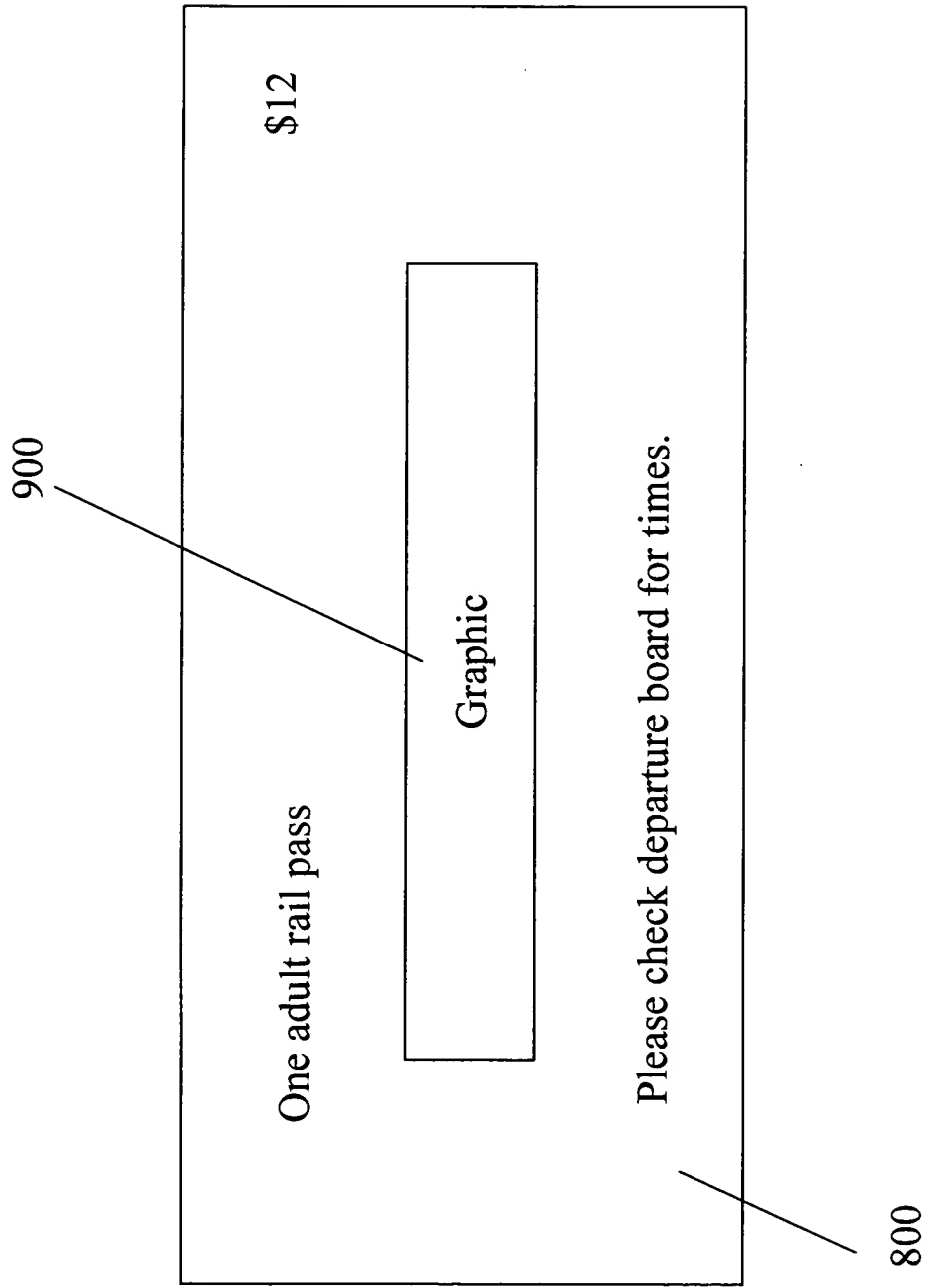


Figure 3